

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

WILLIAM H. BOO'ZE, IV, :
: Plaintiff, : Civil Action No.: 07-82 (GMS)
v. :
: CORRECTIONAL MEDICAL SERVICES, :
et al. :
: Defendants. :

**DEFENDANT CORRECTIONAL MEDICAL SERVICES
RESPONSE TO MOTION FOR PRELIMINARY INJUNCTION**

In accordance with the Court's Order of May 4, 2007 (D.I. 9), Defendant, Correctional Medical Services, by and through its undersigned counsel, hereby respectfully submits the following in response to Plaintiff's April 20, 2007 letter to the Court (D.I. 8). By complying with the Court's May 4 Order, CMS does not intend to waive service of process or any jurisdictional or service defects which may be available to it, and its compliance should not be construed as a waiver of service or any jurisdictional defenses. CMS specifically reserves the right to raise jurisdictional and service defects which may be available to it.

Background

Plaintiff William Boo'ze is an inmate in the custody of the Department of Correction incarcerated at the Delaware Correction Center in Smyrna, Delaware. He filed the instant action on or about February 13, 2007 alleging, *inter alia*, that the defendants have denied him medication and access to the news media. In a Motion to Amend filed on or about February 23, 2007, he further alleges that he was being

threatened, harassed and denied medication in retaliation for filing a lawsuit. The relief he seeks includes an order that he be permitted to keep his medication on his person, and an order that the defendants stop threatening and harassing him. It is not expressly stated in the Complaint, but it appears that Plaintiff's Complaint is based upon 42 U.S.C. §1983 (and in fact, the Motion to Amend makes express reference to 1983).

On or about April 20, 2007, Plaintiff wrote to this court alleging that his medication – specifically his nitroglycerin and “Pain-Off” pills - had been removed from his cell at the direction of two of the defendants, in retaliation for filing the instant suit. Plaintiff also alleges that one or more of the defendants made various threats of retaliation against him in connection with the suit. (D.I. 8). Despite the use of direct quotes, however, Plaintiff does not make clear in the April 20 submission which individuals said which things to him. By order of May 4, 2007, the court treated the letter as a Motion for a Preliminary Injunction to provide medical services, to preclude the defendants from interfering with Plaintiff's right to access the courts, and to stop defendants from taking retaliatory action against Plaintiff – substantially the same relief requested in the Complaint.

Plaintiff does have a number of chronic health conditions which require medication and regular medical treatment. Specifically, and as set forth in the report of Dr. Desrossiers, attached as Exhibit “A,” Plaintiff's medical conditions include hypothyroidism, a large thyroid goiter, coronary artery disease/myocardial infarct x3/coronary artery bypass, a right chest wall mass, possible migraine headaches and urinary incontinence. He is on fourteen different kinds of medication, including Synthroid, Lopressor, a nitroglycerin patch, Excedrin and Zocor (Exhibit “A”). Plaintiff

was last seen by a doctor in the chronic care clinic on April 10, 2007. See Chronic Care Clinic records, Exhibit "B." He is next scheduled to be seen on June 8 for a pre-surgical consult for a scheduled thyroidectomy.

In May of 2006, Plaintiff's medication was being dispensed to him in 30- to 120-day supplies. During a medication pass on May 13, Plaintiff informed Rebecca Vliet, RN that he had been out of all of his medications except one for weeks. However, Plaintiff's medical records indicated that the supply he had been given of one medication should have lasted through May 13, and that he should have had another 30 days' worth of four other medications. This exchange is documented in a May 14, 2006 incident report completed by Ms. Vliet, and attached as Exhibit "C." The incident report further indicates that Plaintiff's medications were confiscated: whereas he previously had "keep on person" ("KOP") privileges for his medication, all his medication going forward was to be nurse-administered. See also, Exhibit "A." Over the course of the following nine months, Plaintiff's KOP privileges were reinstated, modified and revoked again. See Exhibit "B" and August 8, 2006 letter from Scott S. Altman to Plaintiff re: administration of medications (Exhibit "D"). The May, 2006 incident followed similar incidents where Plaintiff was found to have excess medication in his cell (See February 13, 2006 cell inventory, Exhibit "E" attached). Most recently, when a February 13, 2007 search of Plaintiff's cell again yielded excess medications, Plaintiff's KOP privileges were again revoked. Presently, Plaintiff has KOP privileges with respect to certain specified medications, but the rest, including his nitroglycerin, are nurse-administered. (See medication administration records for February-May 2007, Exhibit "F" attached).

Following the revocation of his "KOP" privileges, Plaintiff was consistently administered medication by various nurses on staff; however, he also consistently refused most of them. (Exhibit "F"). Exhibit "F" also documents that Plaintiff's nitroglycerin was prescribed as and administered by patch rather than pills. Further, the "Pain-Off" medication which Plaintiff claims is being withheld was actually substituted with Excedrin Migraine, see Exhibit "F."

Dr. Rogers and nurses Neal and Vliet, the three individuals referenced by Plaintiff in the April 20 letter, have all denied making the statements attributed to them in the letter, and have denied the more general allegation that they have somehow harassed or threatened the Plaintiff. CMS likewise denies that it or its employees have threatened or harassed Plaintiff. Due to the time constraints imposed by the court for responding to Plaintiff's allegations, it was not possible for counsel to obtain executed affidavits from these individuals in time for the May 14 filing deadline. Defendant's submission will be supplemented as soon as possible.

Viewing the April 20 letter as a Motion for Preliminary Injunction, defendant CMS contends that it is clear that Plaintiff is not entitled to the relief he seeks because he has failed to meet the standard for a preliminary injunction. More specifically, Plaintiff has failed to demonstrate beyond his own conclusory allegations that he has been denied medication or medical treatment, and it is clear from his medical records that he continues to receive medical treatment, although the mode of administration of most of his medications has changed. Moreover, Defendant affirmatively contends that the change in the mode of administration of Plaintiff's medication, to the extent that it

supports a *prima facie* case of retaliation, is nonetheless permissible because it served a legitimate penal interest.

Neither has Plaintiff demonstrated entitlement to the second type of relief sought, that Defendants be enjoined from interfering with plaintiff's access to the courts. The record in this case clearly demonstrates that there has been no meaningful interference with Plaintiff's access to the courts, since his various complaints and petitions have been submitted to the courts. To the extent that the threats to withhold medical treatment are construed to be interference with the courts, Defendant denies that such threats were ever made, and even if they were, it is clear from the record that Plaintiff has not been denied medical treatment.

Finally, CMS denies that its employees have taken any retaliatory action against Plaintiff.

Argument

In order to prevail on a Motion for Preliminary Injunction, a Plaintiff must demonstrate that: 1) he is likely to succeed on the merits; 2) denial will result in irreparable harm; 3) granting the injunction will not result in irreparable harm to the defendant; and 4) granting the injunction is in the public interest. Kline v. Correctional Medical Services, 2006 WL 3755765 *1 (D. Del.) *citing Maldonado v. Houstoun*, 157 F.3d 179, 184 (3d Cir. 1997). Here, Plaintiff has not met the first two elements required to establish entitlement to a preliminary injunction, and the motion must therefore fail. Specifically, the actions Plaintiff complains of, even if true and even if they amount to retaliation, serve a legitimate penological interest, and are therefore permissible. Plaintiff

therefore cannot demonstrate that he is likely to succeed on the merits of his retaliation claim. Neither can he show that he is likely to succeed on the merits of his claim that he has been deprived access to the courts, since the actions of the defendants, even if true, and even if calculated to interfere with or discourage Plaintiff's access to the courts, have not had the effect of depriving him of meaningful access to the courts. Finally, assuming *arguendo* that the threats alleged in the April 20 letter were in fact made, he cannot show that their actual effect was to deprive him of medical treatment or access to the courts. Moreover, given that Plaintiff continues to receive medical treatment and continues to be given access to his medication, Plaintiff cannot show that denial of his Motion will cause irreparable harm.

Plaintiff claims that he is being denied medication and medical treatment in retaliation for filing the instant lawsuit, i.e., that he is being deprived access to the Courts in violation of the First Amendment. In order to be entitled to the relief he seeks on grounds of retaliation, he must be able to show that 1) the conduct in which he was engaged was constitutionally protected; 2) he suffered "adverse action" at the hands of prison officials and 3) his constitutionally – protected conduct was a substantial or motivating factor in the decision to take the action complained of Carter v. Dragovich, 292 F.3d 152, 157 (3rd Cir. 2002). Once a prisoner has made a *prima facie* case of retaliatory action, the burden shifts to the defendant to show that it would have taken the same action absent the protected conduct for reasons reasonably related to penological interest. Id. At 158.

Here, it is clear from the attached records that Plaintiff is not being denied medical treatment or medication. Further, although he did have medication removed

from his cell, and lost his KOP privileges, these actions were taken in response to the documented fact that he was hoarding his medications. Defendants' actions in confiscating the excess medications and revoking Plaintiff's "keep on person" privileges served the legitimate penological interests of enforcing prison rules and protecting Plaintiff and others from the possibility of taking medications inappropriately. Moreover, since the revocation and later modified reinstatement of his KOP privileges, his medication has not been withheld. Rather, consistent with the order that it be nurse-administered, he has had access to his medications during the nursing staff's twice-daily "medication passes," but has consistently refused to take them. Accordingly, a preliminary injunction compelling CMS to administer Plaintiff's medications is not warranted. Further, given that Plaintiff presently has access to his medications, the motion is moot.

Plaintiff next claims that the defendants' actions in withholding his medication were taken in order to deny Plaintiff's access to the courts, specifically to prevent or discourage him from proceeding with the instant lawsuit. To prove a violation of his right to access the courts, Plaintiff must show that 1) he was denied access to the courts, and 2) he suffered real and actual injury as a result. Bacon v. Taylor, 414 F. Supp. 475, 481 (D.Del. 2006). As discussed in the preceding sections, Plaintiff is not being denied medical treatment or medication, so it cannot be said that he has either been denied access to the courts in fact, or that he has suffered and actual injury. Moreover, it cannot be disputed that Plaintiff's papers have been filed and his lawsuit has been instituted and is proceeding. There is therefore neither actual denial of access, nor has there been injury. Plaintiff's claims on these grounds must therefore fail as well.

Finally, Plaintiff's April 20 submission appears to make more general claims of harassment by various Corrections Officers and CMS staff. CMS denies that any member of its staff made the remarks contained in the submission, making Plaintiff's motion for injunctive relief moot. But assuming *arguendo* that such remarks were made, it is clear that they are not the proper subject of a preliminary injunction because such activity, standing alone, has been neither alleged nor shown to have caused irreparable harm, or to be likely to cause irreparable harm if allowed to continue. Moreover, Plaintiff has neither alleged nor demonstrated that he is likely to succeed on the merits, in establishing that these remarks were actually made, or that they violated a constitutionally – protected right. Injunctive relief is therefore not warranted.

Conclusion

For the reasons stated herein, Plaintiff has failed to demonstrate his entitlement to a preliminary injunction on any grounds alleged in the April 20 submission, and the Motion should therefore be denied.

/s/ Megan T. Mantzavinos

Megan T. Mantzavinos, Esquire/ID No. 3802
 Marks, O'Neill, O'Brien & Courtney, P.C.
 913 North Market Street, #800
 Wilmington, DE 19801
 (302) 658-6538
Attorney for Defendant
Correctional Medical Services

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

WILLIAM H. BOOZE, IV,)
)
)
Plaintiff,)
)
)
v.) C.A. No. 07-82-GMS
)
)
CORRECTIONAL MEDICAL SERVICES,)
INC., et al,)
)
)
)
Defendants.)

ORDER

AND NOW, this ____ day of _____, 2007, upon consideration of plaintiff's Motion for Injunction and the Response of Warden Thomas Carroll and Correctional Medical Services, IT IS HEREBY ORDERED that plaintiff's Motion for Injunction is DENIED.

United States District Judge

EXHIBIT A

Correctional Medical Services
Inter Disciplinary Progress Notes

Patient Name:

Booze William

ID# 256158

Institution:

DCC

Date	Time	Notes	Signature
5/19/07	9:05	To whom this may concern, This is a medical status report on Mr. Booze.	
		The is a 61 year old man with the following medical problems:	
		1° Hypothyroidism	
		2° Large thyroid goiter - causing compressive symptoms	
		3° hypertension	
		4° Coronary artery disease: Myocardial infarct X3 in past coronary artery Bypass	
		5° Right chest wall mass	
		6° Headaches - ? migraine	
		7° urinary incontinence	
		Medication list =	
		1° Synthroid 0.75 daily	
		2° Cycerin cream	
		3° Artificial tears	
		4° Crax 81 mg daily	
		5° CTM 4mg Bi D	
		6° Cyc wash - irrigation less	
		7° Topressor 25 mg daily	
		8° Nitroglycerin patch 0.4mg/16-72 hour off day	
		9° Selsun, aluminum	
		10° Hytrin 2 mg Bi S	

(2)

Correctional Medical Services
Interdisciplinary Progress NotesPatient
Name:

Booz William ID# 256158 Institution: DCC

Date	Time	Notes	Signature
		11 th AD appointment	
		12 th Bilateral knee sleeves -	
		13 th Cardiac: no pain pro	
		14 th Foot rug les (just plated).	
		Recent and ongoing investigations:	
		1 st scheduling for total thyroidectomy and excisional biopsy of Right chest wall mass	
		2 nd Cardiology: for pre op assessment on 06-08-07	
		Mr Booz's "Kop" privilege was cancelled on 8/2006 because of "hoarding" medicine.	
		Mr. Booz is seen in Chronic Care Clinic: last visit on 4/10/07. Mr. Booz was upset and agitated. He did seem to have some paranoid ideations. He was referred to Mental Health for assessment.	
		I hope this is to your satisfaction	
		A/mm md	
		5/9/2007	

EXHIBIT B



Mid-Delaware Imaging

incorporated
710 South Queen Street
Dover, Delaware 19904
302-734-9888

CONSULTATION REPORT

PATIENT	BOOZE, WILLIAM	DATE	02/16/2007
ADDRESS	1181 PADDOCK ROAD, SMYRNA, DE 19977	AGE	12/30/1946
REFERRED BY DR.	Frederick P. Van Dusen, D.O.	NO.	62612 2560158 288618
		SEX	M

CLINICAL INFORMATION: CHEST WALL MASS

CT CHEST

7mm thickness computerized axial cuts of entire chest are obtained after intravenous administration of contrast material.

Computerized axial tomography shows 2.8cm fairly well defined low density right upper anterior chest wall mass just superficial but distinctly separate from the corresponding pectoralis major muscle. Part of this mass is closely applied to the under surface of the skin and based on joystick reading most likely represents benign lipoma and less likely sebaceous cyst. There is also seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and displacement of trachea to the right. The left lobe is considerably larger than the right lobe. There is also seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe. There is however no disturbing lung mass or any hilar-mediastinal lymphadenopathy. The tracheobronchial tree is patent and intact. There is no pleural effusion.

A few axial cuts of the upper abdomen show normal visualized portions of liver.

- IMPRESSION:**
- 1) There is seen 2.8cm fairly well defined low density mass at right upper anterior chest wall without any infiltration of surrounding fat. This mass is superficial and distinctly separate from the corresponding pectoralis major muscle. Based on joystick reading this most likely represents benign lipoma and less likely complex sebaceous cyst.
 - 2) There is seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and right lateral displacement of trachea representing goiter.
 - 3) There is seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe.

There is no disturbing lung mass, hilar-mediastinal lymphadenopathy or pleural effusion.

Water soluble non-ionic 150cc of Ultravist 300 contrast material was used in view of history of emphysema.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/19/07

W 3/12/07

Mahendra Parikh, M.D.

MP/par

JMM



Bayhealth Medical Center
Kent General Hospital
Dover, DE 19901

72
DIAGNOSTIC IMAGIN
CONSULTATION REPOI

PATIENT:	BOOZE, WILLIAM	MR#:	002103654
ADDRESS:	1181 PADDOCK RD	DATE:	05/15/06 1006
SS#	432-84-1624	PHONE:	(302) 653-9261
D.O.B.:	12/30/46	AGE:	59Y
ACCT#	K0610700269	LOCATION:	*OPK
CC:	DURST, JOHN DURST, JOHN	Check-in No.	1230003
ORDERING PHYSICIAN: DURST, JOHN			

Chk-in #	Date	Exam	
1230003	05/15/06	10605	KNM THYROID SCAN/MULTIUPTE 78007
Ord Diag: 784.2 SWELLING IN HEAD & NECK			

The patient received 261 microcuries of iodine 123. Images of the thyroid demonstrate heterogeneous diffuse uptake. The thyroid gland appears diffusely enlarged although this would be better evaluated with ultrasound. Cold defects involving the upper pole of both lobes cannot be excluded. Evaluation with ultrasound would be helpful. The 4 and 24 hour iodine uptake is 16 and 37 percent which is slightly elevated.

Impression: Possible diffusely enlarged thyroid with slightly increased uptake. Ultrasound to exclude nodules particularly in the left lobe is suggested.

Transcriptionist- RAPHAEL CACCESE JR M.D., Radiologist
 Reading Radiologist- RAPHAEL CACCESE JR M.D., Radiologist
 Releasing Radiologist- RAPHAEL CACCESE JR M.D., Radiologist
 Released Date Time- 05/17/06 0912

W 5/04

RAPHAEL CACCESE JR M.D., Radiolo

Deliver to:

DURST, JOHN
DE CORRECTIONAL MED.DEPT.
1181 PADDOCK ROAD
SMYRNA DE 19977

Michael A. Amygdalos, M.D.
Martin G. Begley, M.D.
Raphael Caccese Jr., M.D.
Ravi S. Kasat, M.D.

Vibhu Kapoor, M.D.
Victoria E. Kong, M.D.
Michael F. Polise, D.O.
Rachel E. Taylor, M.D.
Thomas E. Vaughan, M.D.

DEC 14 2006 14:10 FROM:



Mid-Delaware Imaging

incorporated
710 South Queen Street
Dover, Delaware 19904
302-734-9888

CONSULTATION REPORT

DATE 12/04/2006

PATIENT BOOZE, WILLIAM 250/58 AGE 12/30/1946

ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977

REFERRED BY DR Dale Rodgers, M.D. NO 62612 284659 SEX M

CLINICAL INFORMATION: GOITER.

U/S THYROID

The thyroid gland is markedly enlarged. Both lobes measure at least 9cm in length. The thyroid echotexture is diffusely heterogeneous and multiple rounded solid masses are seen bilaterally.

IMPRESSION: Multinodular thyroid goiter.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 12/4/06.

N
12/5/06

JAMES MILLER M.D.

Patient: WILLIAM BOOZE
DOB: 12/30/1946
Page 3

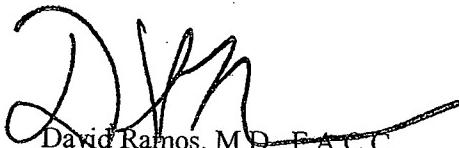
DOBUTAMINE CARDIOLITE IMAGING SCAN (05/05): Moderate-sized area of inferior ischemia. There was mild global hypokinesis with a calculated left ventricular ejection fraction of 37%.

ASSESSMENT: 58-year-old, hypertensive, African-American male smoker with prior history of myocardial infarction x3 who has had a recent acceleration of angina and an abnormal Cardiolite scan.

PLAN: Cardiac. Mr. Booze has had recent acceleration of his angina. He is feeling somewhat better with a nitro patch. A recent dobutamine Cardiolite scan has shown loss in LV function. Ejection fraction has dropped from 65% in September 2003 to 37% on his Cardiolite scan in May 2005. In addition, he now has evidence for inferior ischemia. His blood pressures are elevated today. He is unfamiliar of the level of lipid control. My plans at this time are to track down his prior cardiac catheterization results from 1999 and 2000. I am advising proceeding with cardiac catheterization to document whether or not there is underlying coronary artery disease and to proceed with percutaneous coronary artery intervention if appropriate. I have discussed this in detail with the patient and he is agreeable. His primary concerns today are of the rapid swelling that he has had in his neck over the last few days. I concur that this is worrisome, and I suspect that he may be having an ongoing infection. I am advising ENT evaluation or follow up with his primary care physician. We will make appropriate arrangements to set him up for cardiac catheterization.

I will keep you fully informed of his progress. Thank you for allowing my participation in the care of your patient.

Sincerely,



David Ramos, M.D., F.A.C.C.

DR/mll

DD: 08/11/05

DT: 08/12/05

cc: Maria Mancuso, M.D. at DCC

Patient: WILLIAM BOOZE

DOB: 12/30/1946

Page 2

SOCIAL HISTORY: The patient is a resident of Delaware Correctional Center. He has smoked for a number of years.

FAMILY HISTORY: Father died of myocardial infarction at age 71.

REVIEW OF SYSTEMS: All systems otherwise negative.

PHYSICAL EXAM:

General: Well-developed, well-nourished, African-American male in no acute distress. Alert and oriented times three.

Vital Signs: BP 150/100. Pulse 74. Weight 208 lbs.

HEENT: NC/AT, anicteric sclerae. Conjunctiva pink. No JVD or carotid bruit. There is bilateral neck swelling, more prominent on the right side. The thyroid does appear midline. No JVD or carotid bruits.

Lungs: Clear.

Cardiac: Regular rate and rhythm, normal S1/S2. No murmurs, rubs or gallops appreciated. PMI nondisplaced.

Abdomen: Benign.

Extremities: No clubbing, cyanosis or edema. Peripheral pulses are intact.

Skin: Warm and dry, no ecchymoses present.

Neurologic: Nonfocal.

EKG: Normal sinus rhythm, right bundle branch block, no acute ST segment shift.

ECHOCARDIOGRAM (09/03): Normal LV systolic function with estimated left ventricular ejection fraction 65%. Trace mitral regurgitation and trace tricuspid regurgitation with mild concentric left ventricular hypertrophy and mild left atrial enlargement.



PIAMSOOK ANGKEOW, M.D.
KEVIN M. BOYLE, M.D.
ARTHUR W. COLBOURN, M.D.
BARRY S. DENENBERG, M.D.
ANDREW J. DOOREY, M.D.
ANTHONY B. FUREY, D.O.
EDWARD M. GOLDENBERG, M.D.
RICHARD F. GORDON, M.D.
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AJITH G. KUMAR, M.D.
RONALD L. LEWIS, D.O.
RAYMOND E. M.D.
GEORGE D. FSOS, M.D.
ASHISH B. PAJWANI, M.D.
MICHAEL J. PASQUALE, M.D.
PAUL C. PENNOCK, M.D.
JAMES M. RITTER, M.D.
MICHAEL E. STILLABOWER, M.D.
HENRY L. WEINER, M.D.
MARK R. ZOLNICK, M.D.

KENT COUNTY
HARJINDER S. GREWAL, M.D.
LAWRENCE G. NARUN, M.D.
DAVID RAMOS, M.D.
JOHN W. SHUCK, M.D.

SUSSEX COUNTY
ALI DELBAKHSH, M.D.
E. MARK JOHNSON, M.D.
PEDRO J. PEREZ, M.D.
R. ALBERTO ROSA, M.D.
KENNETH P. SUNNERGREN, M.D.

August 11, 2005

VIJAY TATAGARI, M.D.
31 GOODEN AVE.
DOVER, DE 19904

RE: WILLIAM BOOZE DOB: 12/30/1946
256250

Dear Reddy:

I saw your patient, William Booze, in initial office consultation today. As you recall, he is a 58-year-old, hypertensive, African-American male smoker with known history of coronary artery disease who is status post prior myocardial infarction x3. He tells me he had a cardiac catheterization in 1999 at Walter Reed, and had one again in 2000 in Columbus, Ohio at the time of another MI. He does not recall getting any coronary intervention such as angioplasty or coronary artery stenting. He was, however, informed that he sustained a myocardial infarction and has been managed medically. He is a prisoner at Delaware Correctional Center. He generally has had stable angina, which is usually relieved by nitroglycerin sublingually. However, he had a recent episode with severe chest pains, which were not relieved with up to 5 nitroglycerins. He was evaluated in Kent General Hospital emergency room before being released and advised to have cardiac follow up. He was started on a nitro patch. He is feeling somewhat better on the nitro patch. However, he now has new complaints that his neck and back hurt him and are getting swollen bilaterally. Indeed, he has easily visible bilateral neck swelling. In addition, he complains of severe headaches, which he thinks are related to a prior gunshot wound in Vietnam. He has a bullet lodged at the top of his skull. He thinks that it has migrated over the years. He had a dobutamine Cardiolite scan performed in May, which documented likely ischemic cardiomyopathy. He is referred today for further cardiac evaluation.

PAST MEDICAL HISTORY:

1. Prior myocardial infarction x3.
2. Hypertension.
3. History of gunshot wounds in Vietnam.

MEDICATIONS (computer): Synthroid, metoprolol tartrate 25 mg qd, Artificial Tears solution prn, Optigene eye wash as directed, Tylenol PM 500-25 mg as directed, hydrocortisone acetate as directed, Nitro-Dur 0.4 mg/hr as directed.

ALLERGIES: Seafood.

NEW CASTLE COUNTY	252 Chapman Road, Suite 150, Newark, DE 19702 (302) 366-1929 Fax (302) 366-1006 St. Francis Hospital Medical Office Building, 701 N. Clayton Street, Suite 407, Wilmington, DE 19805 (302) 421-9721 Fax (302) 421-9728 2700 Silverside Road, Wilmington, DE 19810 (302) 478-9185 Fax (302) 478-9187 Pike Creek Sports Medicine Building, 3105 Limestone Road, Suite 200, Wilmington, DE 19808 (302) 636-3020 Fax (302) 636-3025 Concord Plaza, Quillen Building, 3521 Silverside Road, Suite 1-C, Wilmington, DE 19810 (302) 477-6510 Fax (302) 477-6522 Ketley Plaza, 114 Sandhill Drive, Suite 203, Middletown, DE 19709 (302) 452-3455 Fax (302) 376-4350
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KENT COUNTY 1100 Forrest Avenue, Dover, DE 19904 (302) 672-4600 Fax (302) 672-4606

SUSSEX COUNTY 550 South DuPont Plaza, Milford, DE 19963 (302) 422-6050 Fax (302) 422-6820
1606 Savannah Road, Suite 3, Lewes, DE 19958 (302) 645-1233 Fax (302) 645-1228

CARDIAC DIAGNOSTIC CENTERS

3105 Limestone Road, Suite 202, Wilmington, DE 19808 (302) 994-6500 Fax (302) 994-6922
Concord Plaza, Quillen West, 3521 Silverside Road, Suite 1-A, Wilmington, DE 19810 (302) 477-6500 Fax (302) 477-6509
1100 Forrest Avenue, Dover, DE 19904 (302) 672-1890 Fax (302) 672-1899
550 South DuPont Plaza, Milford, DE 19963 (302) 422-6050 Fax (302) 422-6820
1606 Savannah Road, Suite 3, Lewes, DE 19958 (302) 645-1233 Fax (302) 645-1228

BUSINESS OFFICE

252 Chapman Road, Suite 150, Newark, DE 19702 (302) 366-7665 Fax (302) 366-0734

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDERS

Name Boose, WilliamD.O.B. 12.30.46Location DCCID# 256158Allergies seafood

Check box as order is noted:

(Date & Time)

Noted by:

*Stevens*Date: 2/7/07Time: 2:55

- Lopressor 25mg Po QD X 120d
 MMT Tabis Po QD X 120d
 NTG patch 0.4mg/hr Apply each am
 remove each evening X 120d
 Selsun Sulfide 2.5% lotion apply as
 directed 2 bottles /mos for external use X

M.D. Signature mgDate/Time 2/7/07 0900

Check box as order is noted:

(Date & Time)

Noted by:

*Stevens*Date: 2/6/07Time: 2:57

- Hytin 2mg Po QHS X 120d
 EAD ant Apply BID X 120d
 PDC Elce Brac + Ace Bandage
 give 2 knee sleeves (R) + (L)

M.D. Signature mgDate/Time 2/7/07 0900

Check box as order is noted:

(Date & Time)

Noted by:

*follow up with Dr Szalai
 request visitors*

Date:

Time:

M.D. Signature AMMDate/Time 3/6/07

Check box as order is noted:

(Date & Time)

Noted by: *MH**PT-PT
 EKG**Oncology consultation visitors
 request qm sleeping (Humidifier) visitors*M.D. Signature AMMDate/Time 3/6/07

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORI

Name Booze, WilliamD.O.B. 12-30-46Location DcID# 256158Allergies sea food

Check box as order is noted:

(Date & Time)

Noted by:

MJMTo C.M.D. w/ 1 month
take 727 to see = paranoid ideationDate: 4/11/07Time: 5:30 AMM.D. Signature JMMDate/Time 4/11/07

Check box as order is noted:

(Date & Time)

Noted by:

Dr. GDate: 4/12/07Time: 13:00M.D. Signature MJGDate/Time 4/12/07 0900

Check box as order is noted:

(Date & Time)

Noted by:

Zocor 10 mg + lis. x 120 deep

Date:

Time:

M.D. Signature JMMDate/Time 5/7/07

Check box as order is noted:

(Date & Time)

Noted by:

Date:

Time:

M.D. Signature

Date/Time

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDERS

Name Booze WilliamD.O.B. 12-30-46Location DCCID# 256158Allergies seafood Check box as order is noted:Noted by: MW

(Date & Time)

D/C monthly weightsDate: 1/16/07Time: 11:00 AMM.D. Signature JMMDate/Time 1/16/07 Check box as order is noted:Noted by: RH

(Date & Time)

Resubmit ot scan dust wall (mutter)Date: 01/06/07Time: 02:00M.D. Signature JMM

Date/Time

1/18/07 Check box as order is noted:Noted by: Yao

(Date & Time)

① Synthroid 0.75mg Po QD X 20d
chem 24, lipid panel, TSH, T3, T4, free T4
exchange 1:1 e jars, bottles, tubes
when giving jarzenor, bottles, tubes please take
out of original box, labeled and dated
Do NOT KOP pills

M.D. Signature mgDate/Time 2/7/07 0900 Check box as order is noted:Noted by: Garcia

(Date & Time)

② Gauze 1cm Apply to area BID X 120g
③ Artificial tears opth instill 2 drops into affected
eye BID X 20d
④ ZESTA 180mg Po QD X 120d
⑤ CTM 4mg Po BID X 120d
⑥ Eye wash irrig use BID X 120d

M.D. Signature mg

Date/Time

2/7/07 0900

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDERS

Name Beeze WilliamD.O.B. 12-30-46Location 22CL12ID# 256158Allergies seafood Check box as order is noted:

Noted by:

Rebecca Vluter

Date: 12/15/06Time: 0935

(Date & Time)

N/O Dr. Van Dusen/Rebecca Vluter 12/15/06 0930
Excedrin Migraine 1 tab po BID PRN x 30d
Rebecca VluterM.D. Signature DRMM

Date/Time

12/15/06 Check box as order is noted:

Noted by:

Rebecca Vluter

Date: 1/1/07Time: 1130

(Date & Time)

N/O Dr. Van Dusen/Rebecca Vluter 1/1/07 1130

All meds are to be nurse administered
independently. Rebecca VluterM.D. Signature DRMM

Date/Time

1/8/07 Check box as order is noted:

Noted by:

DRMM

Date: 1/9/07Time: 0500

(Date & Time)

CT of neck consult alone

U/S of the (L) chest wall - done

CBC, chem 24, PT/PTT, (TSH, T₃, T₄)

Thyroid study

done

Paxel

to yes

M.D. Signature DRMM

Date/Time

1/8/07 Check box as order is noted:

Noted by:

DRMM

(2)

(Date & Time)

Renee Bree;

(2) ACE - wear h/knee pr.

Date:

Time:

M.D. Signature DRMM

Date/Time

1/15/07

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDERS

Name Booze William D.O.B. 12/30/46

Location DCC ID# 256158 Allergies Seafood

Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Chem 2U, lipid panel, PSA, Thyroid panel <input checked="" type="checkbox"/> tetanus shot. TSH, TS, TG <input checked="" type="checkbox"/> PPD pse plant & read free TL <input checked="" type="checkbox"/> Weights Qmos x 4mos. <input checked="" type="checkbox"/> Flu shot when available <input checked="" type="checkbox"/> Excedrin Migraine T tabs Po BID PEX X 3
Date:	
Time:	
M.D. Signature	<u>mg</u>
Date/Time	<u>10/20/06 10 am</u>
Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Metoprolol 25mg Po QD X120d <input checked="" type="checkbox"/> Hytrin 2mg Po QTS X120d <input checked="" type="checkbox"/> MMT T tabs Po QD X120d <input checked="" type="checkbox"/> ASA 81mg Po QD X120d. <input checked="" type="checkbox"/> Sterile eye solution irrigation BID X120d. <input checked="" type="checkbox"/> artificial tears 2gts BID X120d.
Date:	<u>10/22/06</u>
Time:	<u>0025</u>
M.D. Signature	<u>mg</u>
Date/Time	<u>10/20/06 10 am</u>
Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Cozenix cream Apply BID X120d (1 jar) <input checked="" type="checkbox"/> A4D oint Apply BID X120d (1 jar) <input checked="" type="checkbox"/> CTM 4mg Po BID X120d <input checked="" type="checkbox"/> Selenium Sulfide Shampoo 2 bottles/mos X120d <input checked="" type="checkbox"/> Nitropatch On/Off/hr on in am, off in pm x120d <input checked="" type="checkbox"/> thyroid U/S - consult done
Date:	
Time:	
M.D. Signature	<u>mg</u>
Date/Time	<u>10/20/06 10 am</u>
Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Surgical consult - done RE: multinodular Thyroid goiter
Date:	<u>12/6/06</u>
Time:	<u>10 AM</u>
M.D. Signature	<u>mg</u>
Date/Time	<u>12/5/06 0930</u>

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDERS

Name Booze, William D.O.B. 12-30-46
 Location DCC ID# 256158 Allergies seafood

Check box as order is noted: Noted by: M. M. H. (Date & Time)

Date: 7/24/06 Time: 1700

D/C Double portions & am + pm snack

Check box as order is noted: Noted by: M. M. H. (Date & Time)

Date: 7/24/06 Time: 1700

M.D. Signature mg Date/Time 7/24/06 4:10pm

exchange 1:1 c jars, bottles, card of pills
any bottles, tubes must be taken out of
original box, labeled, and dated

Check box as order is noted: Noted by: M. M. H. (Date & Time)

Date: 7/24/06 Time: 1700

M.D. Signature mg Date/Time 8/17/06 0930

Meravox 10 mg Po QHS X 120d
Chem 24, Lipid panel

Check box as order is noted: Noted by: M. M. H. (Date & Time)

Date: 8/16/06 Time: 1200

M.D. Signature mg Date/Time 8/25/06 0845

W Sott / Rebecca Vluter 9/6/06 1150
Continue c previous Excedrine Migraine
order ie: 1 tab TID po until 11/8/06
but maximum of 8 tabs/wk. Rebecca Vluter

M.D. Signature John A. Smith Date/Time 9/6/06

CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDERS

Name Boore, WilliamD.O.B. 12/30/46Location DCCID# 256158Allergies seafood

Check box as order is noted:

Noted by:

(Date & Time)

Date:

Time:

Dietician to see T/m
 RE: Dose portions? does pt
 need it - done
 weights weekly X 8 wks. p/e pull
 chart for MD review

M.D. Signature MJDate/Time 7/17/06

Check box as order is noted:

Noted by:

Date:

Time:

(Date & Time)

Tylenel 325mg po BID X 90 days
 Analgesic Salve trans BID X 30 days
 Metoclopramide 25mg po QD X 120 days
 Hydralazine 2mg po QHS X 120 days
 MVI Tab po QD X 120 days
 ECASA 81mg po QD X 120 days

M.D. Signature MJDate/Time 7/18/06

Check box as order is noted:

Noted by:

Date:

Time:

(Date & Time)

Steude Eye Salve Strength BID X 120 days
 Antiseptic Tear 2gts BID X 120 days
 Eucerin Cream 1/4oz BID X 120 days 1 jar
 A+D Ointment Apple BID X 120 days 1 jar
 CPM 4mg po BID X 120 days
 Selenium Sulfide Shampoo 2 bottles/month X 120 days

M.D. Signature MJDate/Time 7/18/06

Check box as order is noted:

Noted by:

Date:

Time:

(Date & Time)

Chem 24, Lipid Panel, TSH, T₃, T₄, Free T₄
 Nitropatch 0.4mg/hr On in AM remove in pm
 x (120 days)
 Synthroid 0.075mcg po QD X 120 days
 Double Portion ē snack AM + PM X 90 days
 Eucerin, Migraine i/bal T10 po X 120 days

M.D. Signature MJDate/Time 7/18/06

CORRECTIONAL MEDICAL SERVICES
CHRONIC CARE CLINIC DOCUMENTATION

Name Booze William	ID Number 256158	Age 65	DM LF
Clinic (check applicable) <input type="checkbox"/> Endocrine <input type="checkbox"/> Cardiovascular/hypertension <input type="checkbox"/> Pulmonary <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology/seizure <input type="checkbox"/> Gen. Med.			
<input type="checkbox"/> Other: Hypothyroidism, Gout, CAD, S/P MI x 3, HTN, Urinary incontinence, Migraine HA			
SUBJECTIVE			

(1) side of body hurting - painful
 (2) numbness/tingling

Medication Compliance % Yes	Compliant with Exercise <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Inhaler use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Medication side effects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Exercise Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Increased <input type="checkbox"/> Yes <input type="checkbox"/> No Ave. Use/Day
Last seizure <input type="checkbox"/> NA	Weight Loss <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Diet Compliance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
LMP <input type="checkbox"/> NA	Other:	

BP 102/72	P 78	R 16	T 97'	WT 215	HT 6'4"	SaO ₂ <input type="checkbox"/> NA 97%	Peak Flow <input type="checkbox"/> NA	Cap BS <input type="checkbox"/> NA
------------------	-------------	-------------	--------------	---------------	----------------	---	---------------------------------------	------------------------------------

HEENT: WNL Document Other
 (1) Glass eye, Neck - (2) thyromegaly, sl. tender
 Heart: Regular/no murmur, gallop, rub Document Other

Lungs: CTA bilaterally Document Other

Abd: BS normal, no bruits, soft, non-tender, no masses Document Other

Genital/Rectal: WNL Deferred Document Other **Refused**

Neuro: WNL Document Other

Skin: WNL Document Other

Current Labs None Current Labs Reviewed WNL Abnormal(s) noted Describe:

Reviewed c pt

ASSESSMENT

Diagnosis: **Stable**

Patient Response Good Fair Poor

Overall Assessment of Patient's Condition Improved Unchanged Worsened

PLAN

Medications Continue current therapy Change therapy List changes:

Diagnostic Studies: CBC SMA 12 Lipids HgbA_{1c} Viral Load CD₄ Hepatitis Screen LFT UA Urine Dip Stick
 Urine Pregnancy Test Other List
 EKG X-ray List: *thyroid, PSA*

Diet Yes List Type

DNA Comments:

✓ PPD ordered tetanus shot ordered

Vaccines: Flu Current Not Indicated Ordered Refused Pneumococcal Pneumonia Current Not Indicated Ordered Refused

PATIENT EDUCATION

Disease etiology, complications, prognosis

Medication, Side Effects, Dosage and Actions

Self care and Life Style Changes

Smoking Cessation Encouraged

Foot care

Skin care

Diet and weight loss

Exercise

Inhaler use

Instructed to sign up for sick call as needed

Other List

Other List

Patient verbalized understanding of education

Patient resistant to education

NEXT VISIT

Next CCC Visit: Weeks *✓ 3* Months

Problem List Reviewed/Updated

Plan of Care Reviewed/Revised

REFERRALS

None indicated List

Progress Notes

*Weights @month
thyroid ultrasound*

Signature/Title

[Signature]

Date

10/20/06.

Time

10 AM

Reviewed by/Title

Date

Time

PLAN

Medications Continue current therapy Change therapy List changes:

Reflex Rx

Diagnostic Studies: CBC SMA 12 Lipids HgbA1C Viral Load CD4 Hepatitis Screen LFT UA Urine Dip Stick
 Urine Pregnancy Test Other List
 EKG X-ray List:
lab ordered ~

Diet Yes List Type

N/A Comments:

Vaccines: Flu Current Not Indicated Ordered Refused Pneumococcal Pneumonia Current Not Indicated Ordered Refused

PATIENT EDUCATION

- | | |
|--|--|
| <input type="checkbox"/> Disease etiology, complications, prognosis | <input type="checkbox"/> Medication Side Effects, Dosage and Actions |
| <input type="checkbox"/> Self care and Life Style Changes | <input type="checkbox"/> Smoking Cessation Encouraged |
| <input type="checkbox"/> Foot care | <input type="checkbox"/> Skin care |
| <input type="checkbox"/> Diet and weight loss | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Inhaler use | <input type="checkbox"/> Instructed to sign up for sick call as needed |
| <input type="checkbox"/> Other List | <input type="checkbox"/> Other List |
| <input type="checkbox"/> Patient verbalized understanding of education | <input type="checkbox"/> Patient resistant to education |

NEXT VISIT

Next CCC Visit: Weeks Months

Problem List Reviewed/Updated Plan of Care Reviewed/Revised

REFERRALS

None indicated List

Progress Notes

*will need to see Dr Szalai
after labs / ot vs done*

** in states today, not available to surgery --
to discuss after visit to Dr Szalai.*

Signature/Title

JMM

1/15/07

Date

Time

Reviewed by/Title

Date

Time

CORRECTIONAL MEDICAL SERVICES
CHRONIC CARE CLINIC DOCUMENTATION

Name <u>Boose William</u>	ID Number <u>256158</u>	Age <u>52 M</u>
---------------------------	-------------------------	-----------------

Clinic (check applicable) Endocrine Cardiovascular/hypertension Pulmonary Infectious Disease Neurology/seizure Gen. Med.

Other:

SUBJECTIVE

- (1) P/M has multiple complaints w/ list of meds /
ex/pain/knee braces /
- (2) Stable symptoms w/ gaiter (comprexim) seen
Dr Szalai -> Superficial
- (3) Desim R Howell - gradual onset few years.
bothered for about 1 year

Medication Compliance %	Compliant with Exercise <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Inhaler use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Medication side effects <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Exercise Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Increased <input type="checkbox"/> Yes <input type="checkbox"/> No Ave. Use/Day
Last seizure <input type="checkbox"/> NA	Weight Loss <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Diet Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
LMP <input type="checkbox"/> NA	Other:	

OBJECTIVE

BP 140/88 140/80	P 88	R 16	T 98°	WT 224 lbs	HT	SaO ₂ <input type="checkbox"/> NA	Peak Flow 98% <input type="checkbox"/> NA	Cap BS <input type="checkbox"/> NA
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HEENT: WNL Document Other

Heart: Regular no murmur, gallop, rub Document Other

Lungs: CTA bilaterally Document Other

Abd: BS normal, no bruits, soft, non-tender, no masses Document Other

Genital/Rectal: WNL Deferred Document Other

Neuro: WNL Document Other

Skin: WNL Document Other

(1) b/w 3 1/2 x 3 cm
S. & firm skin surface
firm adhesion to
skin & bluish coloration

Current Labs None Current Labs Reviewed WNL Abnormal(s) noted Describe:

Stable

ASSESSMENT:

Diagnosis: Hypothyroid/gaiter/limb pain-

Patient Response Good Fair Poor

Overall Assessment of Patient's Condition Improved Unchanged Worsened

Chronic Disease Clinic Follow-Up

Inmate Name:	Booze, William	
Number:	256158	Institution: DCC

List chronic diseases:

1) HTN	3) CAD -	5)
2) Goiter/hypothyroid	4)	6)

Attach pharmacy profile or list current medications:

ASA 81 - GM - Synthroid 0.075 - metoprolol - m
 Nitro 0.4 patch - Selcoss - Hytrin 20mg bid -

Subjective:

Asthma: # attacks in last month?	Seizure disorder: # seizures since last visit?
# short acting beta agonist canisters in last month?	Diabetes mellitus: # of hypoglycemic reactions since last visit?
# times awakening with asthma symptoms per week?	Weight loss/gain ↓ ↑ #lbs
CV/hypertension (Y/N): Chest pain? SOB?	Palpitations? Ankle edema?
HIV/HCV (Y/N): Nausea/vomiting?	Abdominal pain/swelling? Diarrhea? Rashes/lesions?

For all diseases, since last visit, describe new symptoms:

* upset today - only want to talk about P not being fit anymore - paranoid ideation - not sure he wants to have goiter surgery - "They will have me killed"

Patient adherence (Y/N): with medications? with diet? with exercise?

Vital signs: Temp _____ BP _____ Pulse _____ Resp _____ Wt 223 PEFR _____ INR _____
 Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____

Range of fingerstick glucose/BP monitoring:

PE:

HEENT/neck: Large goiter/thyroid	Extremities:
Heart: Systolic	Neurological:
Lungs: Clear	GU/rectal:
Abdomen: ✓	Other:

Degree of Control				Clinical Status			
G	F	P	NA	I	S	W	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Assessment:

- 1 HTN
 2 Goiter - hypothyroid -
 3 CAD -
 4

Plan:

Medication changes:

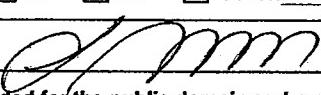
Diagnostics:

Labs:

Monitoring: BP: X day/week/month Glucose: X day/week/month Peak flow: Other:

Education provided: Nutrition Exercise Smoking Test results Medication management Other:

Referral (list type): Specialist: Cardio Surgery Chronic care program:

days to next visit? 90 60 30 Other: Discharged from CCC: [name]Advance Level Provider Signature:  Date: 4/10/07

**CORRECTIONAL MEDICAL SERVICES
MENTAL HEALTH PROGRESS NOTE**

SUBJECTIVE:

Face to face contact with client in office cell-side group on unit other: _____

Reason for contact: sick call RMHV referral crisis 1:1 counseling evaluation

Statements/events: *I/m was referred to MH by Medical on 4/11/07 stating that the I/m had paranoid ideation. On 4/11/07 MH staff went to see the I/m but he was out in the Gym. The I/m was seen on 4/16/07*

Reports taking psychotropic meds as prescribed Not compliant with meds due to _____

None prescribed at this time Side effects: No Yes, describe: _____

Chart reviewed Yes No, reason: _____

OBJECTIVE :

Appearance: Neat/clean Disheveled Well-nourished/developed Cooperative Uncooperative Hostile Oppositional Guarded

Psychomotor: Normal Retarded Unsteady gait Tremor Abnormal movements Rigidity Restless Agitated Grimacing

Speech: Normal Nonspontaneous Slowed Monotone Pressured Slowed Monotone Word finding difficulties
 Limited vocabulary Disorganized Dysarthria Dysphasia Mute Rapid Pressured

Mood: Appropriate Stable Euthymia Depressed Irritable Anxious Fearful Euphoric

Affect: Appropriate Depressed Angry Dysphoric Inappropriate Blunted Flat Expansive Tearful Anxious
 Confused Fearful Irritable

Thought Process: Goal-directed Coherent Logical Circumstantial Tangential Looseness of Associations Thought Blocking Clang associations
 Neologisms Perseverations Rambling Flight of Ideas

Thought Content: Appropriate Delusion Phobia Compulsion Obsessions Suicidal ideations Homicidal ideations
 Thought Broadcasting Thought Poverty Thought Control Ideas of Reference Paranoia
 Helplessness Hopelessness

Sensorium: Awake Clouded Confused Stuporous Memory – Intact/Impaired

Perception: Intact Hallucinations Auditory Visual Tactile Olfactory Gustatory Illusions

Insight: Good Impaired JUDGMENT: Good Impaired

Site: DCC

Inmate Name: Boozey, William SBI: 256158

Observations: The I/M was very loud when he came into the interview room stating that he does not need MH.

Axis I	Axis I	Axis I	Axis I	Axis I	Axis II
V 65.2 Malingering	296.34 MDDw/psy	314.9 ADHD	293.82 Subs ind psy	305.20 Cann Abuse	301.83 Borderline PD
309.0 Adj DO, Dep	311 Dep DO NOS	312.30 Imp Coat DO	298.9 Psych NOS	304.00 Opioid Dep	301.7 Antisocial PD
309.24 Adj DO, Anx	296.80 Bipolar DO	295.30 Ctr Schiz,par	303.90 ETOH Dep	304.20 Cocaine Dep	319 MR, Unspec
309.28 Adj DOMixed	300.02 GAD	295.90 Ctr Sch undif	305.00 ETOH Abuse	304.50 Hall Dep	V71.09 None
296.33 MDD, w/o psy	309.81 PTSD	295.70 Schizoaffect	304.30 Cann Dep	304.80 Poly sub Dep	799.9 Deferred

ASSESSMENT: Diagnostic Impression

AXIS I:

AXIS II:

AXIS III: Unknown None

Optional: AXIS IV:

AXIS V: Current GAF

Additional Assessment Comments: I/M reported that he sued three nurses because they messed-up his medications. He said, "I am a Lawyer and I spent 32 yrs in the Military if they did not diagnose me with mental problem then I don't have none now!" This I/M is not currently on psychotropic medications.

PLAN:

- Has been educated on how to contact Mental Health PRN
- Schedule follow up with mental health clinician within _____ days
- Continue working on treatment plan goals as written
- Treatment Plan revision completed today
- Refer to psychiatrist for Psych. Eval/Med Review
- Obtain additional information from _____
- Place in infirmary on psychiatric observation Level _____
- Refer for placement on the mental health unit
- Other: _____

CLINICIAN SIGNATURE / TITLE: Henry M. Telo, Jr. MSW Date: 4/16/07 Time: 13:25pm

Site: DCC

Inmate Name: Boozé, William SBI: 256158

BIOREFERENCE LABORATORIES481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-228-LABS

**O
O
C
T
O
R**
CMS DELAWARE
1181 PADDOCK RD
SMYRNA, DE 19977
(302) 653-9261 (D0307-6)

DOB: 12/30/1946

MHN

-FINAL- Original Report 04/04/2007

NAME	PATIENT I.D./ROOM NO.	DOCTOR / GROUP		
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE SEX
BOOZE, WILLIAM	256158	DESROSIER	4/4/2007 07:01	60 Y M
104148127	04/03/2007	04/03/2007 03:42		

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* HEMATOLOGY -----

PROTIME	11.4	10.1-13.6 sec
INTR. NORM. RATIO (INR)	0.99 LO	2.00-3.00
P.T.T.	33.7	23.8-35.1 sec.

*****CLINICAL INDICATIONS FOR INR USE*****

CLINICAL INDICATIONS FOR INR USE REFERENCE RANGE
 Prophylaxis or treatment of venous thrombosis, 2.0 - 3.0
 systemic embolization, or (therapeutic range)
 treatment of pulmonary embolus.

High-risk patients with mechanical heart valves. 2.5 - 3.5

*****NOTE: INR values below 2.0 in patients on warfarin therapy would

be considered sub-therapeutic for the above conditions.

Normal subjects NOT treated with warfarin will have INR values
 in the range of: 0.87 - 1.19

Final Report

Page: 1

W
4/6/07*James Weisberger, M.D.*James Weisberger, M.D.
Laboratory Director

1181 Paddock Road
Smyrna Delaware 19977
302-653-9261 Ext 2862
FAX 302-653-2607



Fax

To: Many

From: Bucky @ DDC

Fax: (674) 21607

Pages: 4 including cover

Phone: (653) 9261 ext 283)

Date: 3/16/07

Re: Booze labs

CC:

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

BIOREFERENCE LABORATORIES481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-228-LABS

D O CMS DELAWARE
 O 1181 PADDOCK RD
 C SMYRNA, DE 19977
 T (302) 653-9261 (DO307-6)

DOB: 12/30/1946

mh22

-FINAL- Original Report 03/07/2007

NAME	PATIENT I.D./ROOM NO.	DOCTOR/GROUP			
BOOZE, WILLIAM	256158	DR. RODGERS			
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE	SEX
103882915	03/06/2007	03/06/2007 02:36	3/7/2007 07:00	60 Y	M

Test DescriptionResultAbnormalReference Range-----* CHEMISTRY *

Total Protein	7.0	5.9-8.4	gm/dL
Albumin	4.3	3.2-5.2	gm/dL
Globulin	2.7	1.7-3.7	gm/dL
A/G Ratio	1.6	1.1-2.9	
Glucose	80	70-109	mg/dL
Sodium	142	133-145	mmol/L
Potassium	4.3	3.3-5.3	mmol/L
Chloride	107	96-108	mmol/L
CO2	26	21-29	mmol/L
BUN	13	7-25	mg/dL
* Creatinine	1.0	0.6-1.3	mg/dL
BUN/Creat Ratio	13	10-28	
Calcium	9.5	8.4-10.4	mg/dL
Uric Acid	6.8	2.4-7.0	mg/dL
Iron	59	30-160	mcg/dL
Bilirubin, Total	0.3	0.1-1.0	mg/dL
LDH	257 HI	94-250	u/L
Alk Phos	98	39-120	u/L
AST (SGOT)	36	< 37	u/L
Phosphorous	4.4	2.6-4.5	mg/dL
ALT (SGPT)	27	< 40	u/L
G-GTP	30	7-51	u/L
Cholesterol	156	< 200	mg/dL
Triglycerides	151	< 151	mg/dL
HDL CHOL., DIRECT	45	>35	mg/dL
HDL as % of Cholesterol	29 (> 25)	BELOW AVERAGE RISK	%
Chol/HDL Ratio	3.47 (<4.2)	BELOW AVERAGE RISK	
LDL/HDL Ratio	1.8	0-3.55	
LDL Cholesterol	81	< 100	mg/dL

* GFR, Estimated = 80.95 mL/min/1.73m²

Continued on Next Page

Page: 1

W
3/9/07

BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-229-LABS

D CMS DELAWARE
O 1181 PADDOCK RD
C SMYRNA, DE 19977
T (302) 653-9261 (D0307-6)
R

DOB: 12/30/1946

-FINAL- Original Report 03/07/2007

NAME		PATIENT I.D. / ROOM NO.	DOCTOR / GROUP		
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE	SEX
103882915	03/06/2007	03/06/2007 02:36	3/7/2007 07:00	60 Y	M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Education Program.)

***** Male/Female reference range: >60 mL/min/1.73 m² *****

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

-----* HEMATOLOGY -----

WBC	4.4	3.40-11.80	x10(3)
RBC	4.7	4.20-5.90	x10(6)
HGB	13.9	12.3-17.0	gm/dl
HCT	42.8	39.3-52.5	%
MCV	91.6	80.0-100.0	fL
MCH	29.8	25.0-34.1	pg
MCHC	32.5	30.0-35.0	gm/dl
RDW	15.1	10.9-16.9	%
POLYS	29 LO	36-78	%
LYMPHS	57 HI	12-48	%
EOS	2	0-8	%
BASOS	1	0-2	%
MONOS	11	0-13	%
Platelet Count	214	144-400	x10(3)
PROTIME	11.3	10.1-13.6sec	
INTR.NORM.RATIO(INR)	0.98 LO	2.00-3.00	
P.T.T.	31.3	23.8-35.1sec.	

CLINICAL INDICATIONS FOR INR USE REFERENCE RANGE

Prophylaxis or treatment of venous thrombosis, 2.0 - 3.0
systemic embolization, or (therapeutic range)
treatment of pulmonary embolus.

High-risk patients with mechanical heart valves. 2.5 - 3.5

***** * * * * *

NOTE: INR values below 2.0 in patients on warfarin therapy would be considered sub-therapeutic for the above conditions.

Normal subjects NOT treated with warfarin will have INR values in the range of:

0.87 - 1.19

✓

BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-229-LABS

D O C T O R	CMS DELAWARE 1181 PADDOCK RD SMYRNA, DE 19977 (302) 653-9261 (D0307-6)	DOB: 12/30/1946 -FINAL- Original Report 03/07/2007
NAME	PATIENT I.D. / ROOM NO.	DOCTOR / GROUP
BOOZE, WILLIAM	256158	DR. RODGERS
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED
103882915	03/06/2007	03/06/2007 02:36 3/7/2007 07:00
		60 Y M

Test Description Result Abnormal Reference Range

-----* MISCELLANEOUS *-----

TSH	0.341	0.27-4.2 uIU/mL
THYROXINE(T4)	8.4	4.5-12.0 ug/dL
T3 UPTAKE	32.9	24.3-39 %
THYROXINE, FREE(FT4)	1.17	0.93-1.7 ng/dL
FREE T4 INDEX	2.8	1.1-4.5

Final Report

Page: 3

W
3/9/07



CONSULTATION REPORT

Blog 22

PATIENT	BOOZE, WILLIAM	DATE	02/16/2007
ADDRESS	1181 PADDOCK ROAD, SMYRNA, DE 19977	AGE	12/30/1946
REFERRED BY DR	Frederick P. Van Dusen, D.O.	NO	62612 288618
		SEX	M

CLINICAL INFORMATION: CHEST WALL MASS

CT CHEST

7mm thickness computerized axial cuts of entire chest are obtained after intravenous administration of contrast material.

Computerized axial tomography shows 2.8cm fairly well defined low density right upper anterior chest wall mass just superficial but distinctly separate from the corresponding pectoralis major muscle. Part of this mass is closely applied to the under surface of the skin and based on joystick reading most likely represents benign lipoma and less likely sebaceous cyst. There is also seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and displacement of trachea to the right. The left lobe is considerably larger than the right lobe. There is also seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe. There is however no disturbing lung mass or any hilar-mediastinal lymphadenopathy. The tracheobronchial tree is patent and intact. There is no pleural effusion.

A few axial cuts of the upper abdomen show normal visualized portions of liver.

- IMPRESSION: 1) There is seen 2.8cm fairly well defined low density mass at right upper anterior chest wall without any infiltration of surrounding fat. This mass is superficial and distinctly separate from the corresponding pectoralis major muscle. Based on joystick reading this most likely represents benign lipoma and less likely complex sebaceous cyst.
- 2) There is seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and right lateral displacement of trachea representing goiter.
- 3) There is seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe.

There is no disturbing lung mass, hilar-mediastinal lymphadenopathy or pleural effusion.

Water soluble non-ionic 150cc of Ultravist 300 contrast material was used in view of history of emphysema.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/19/07

MP/par

full clean -
M
2/28/07

**CONSULTATION REPORT**

Blag. 22

DATE 02/01/2007PATIENT BOOZE, WILLIAM 256158 AGE 12/30/1946ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977REFERRED BY DR. Frederick P. Van Dusen, D.O. NO. 62612 287854 SEX M**CLINICAL INFORMATION: ENLARGING GOITER****CT NECK**

Axial images were obtained following intravenous administration of 150cc of Ultravist 300 contrast material.

The study results confirm marked enlargement of the thyroid. In addition, there is a large substernal component extending inferiorly from the left thyroid lobe to the level of the aortic arch. The trachea and esophagus are both moderately displaced to the left. Multiple hypo-attenuating nodules are present throughout both thyroid lobes. In addition, there is calcification at the inferior aspect of the enlarged left thyroid lobe. Findings are consistent with the supplied diagnosis of multigoiter.

In other respects, the submandibular and parotid glands appear unremarkable. There are no additional neck masses identified. There are no sites of pathologic lymphadenopathy.

The vocal fold region appears normal. No lesions are seen in the supraglottic or subglottic pharynx.

IMPRESSION: Huge multinodular thyroid goiter with substernal extension.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/05/07

full
clear
2/12/07

James Miller M.D.

jm/par



CONSULTATION REPORT

Bldg. 22

DATE 02/01/2007

PATIENT BOOZE, WILLIAM 256158 AGE 12/30/1946
 ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977

REFERRED BY DR Frederick P. Van Dusen, D.O. NO 62612 287854 SEX M

CLINICAL INFORMATION: ENLARGING GOITER

CT NECK

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IMPRESSION: Huge multinodular thyroid goiter with substernal extension.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/05/07

Faxed to
Dr. Szalai
2/12/07

~
2/9/07

James Miller M.D.

jrn/par

EXHIBIT C

Incident#
1032430

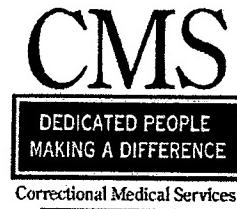
DCC Delaware Correctional CenterSmyrna Landing RoadSMYRNA DE, 19977Phone#: 302-653-9261

Date: 05/08/2007

INCIDENT REPORT

Group#: N/A	Type: Inmate Involved	Incident Date: 05/14/2006	Time: 09:30	Confidential: No
Facility: DCC Delaware Correctional Center			Followup Required : No	
Associated Disciplinary Report #(s) 1024975				
Incident Location: Bldg.22 C Tier				
Location Description: Cell Lower 12				
Violated Conditions: 2.03/200.106 Creating a Health, Safety or Fire Hazard 2.10/200.213 Lying 2.13/200.111 Possession of Non-Dangerous Contraband				
Description of Incident: May 13 2006 bldg 22 Cell Lower 12 approximately 1600. During medication administration pass I/M Booze informed myself Becky Vliet, that he has been out of all of his medications except for one(1) for weeks. He showed me empty bottles, cards, and boxes. Thirty days of one such medication was administered on 4/15 by me personally. I/M Booze was given a sufficient amount to self medicate through today. Additionally, according to medical documentation, I/M Booze should still have at least another 30 days of four other medications. Some of the medications Mr. Booze claims he is supposed to be getting were stopped more than a month ago by Dr. Rodgers. Mr. Booze was informed of the changes by nursing staff at that time, however, he continues to have security staff inform nurses that he is out of these medications. These claims then have to be researched by nursing staff which is wasting time. Allowing this to continue may result in Mr. Booze not receiving the proper medications which are ordered to be given to him due to Security and Medical staff continually being told these lies. Also, if Mr. Booze is hoarding medications and/or giving them to someone else, it could cause a risk to himself and those around him who might find/receive and take them.				
Injured Persons	Hospitalized	Nature Of Injuries		
N/A	N/A	N/A		
Evidence Type: all medication were confiscated and returned to the medical department			Date Collected: N/A	
Discovered By : N/A			Secured By: N/A	
Type of Force Used <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> STUN <input type="checkbox"/> OTHER <input type="checkbox"/> CAPSTUN <input checked="" type="checkbox"/> NONE				
Restraints Used : N/A				
Immediate Action Taken: Lt. Satterfield was notified and report was written.				
Individuals Involved				
Person Code	Name	SBI#	Title	
Staff	Rebecca, Vliet	N/A	Contractors - Medical	
Inmate	William, Booze H	00256158	N/A	
Reporting Officer: Vliet, Rebecca (Contractors - Medical)		Entered By: Vliet, Rebecca (Contractors - Medical)		
Approval Information				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: 05/14/2006 Approved by: Satterfield, James P (Staff Lt./Lt)				
Comments: all medication were confiscated and returned to the medical department the nurses will now be given him his medication each day.				

EXHIBIT D



William Booze
SBI # 256158 MHU 22 CL 12B
1181 Paddock Road
Smyrna, DE 19977

8 Aug 2006

Dear Mr. Booze,

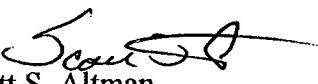
I received your letter dated 17 July 2006. I apologize for my delays in responding to you but I wished to give you a detailed response.

The Dr. Rogers you refer to is the physician who supervises the medical operations of the MHU and SHU housing areas. It is an acceptable practice for her to make alterations in care plans based on her knowledge of a subject and current treatment policies and protocols. I apologize if this was not explained to you.

The fact that your medications were removed from your cell was done for your safety. On 24 March 2006; a note in your chart indicates a sick call request for medications, which you had not received for three weeks. The Correctional and Medical staff on 3/29/06 conducted an inventory of your cell and large amounts of your medications were present. The medications were returned to you at that time with the understanding that you were responsible for their care. On 7/12/06 you requested nitroglycerin pills for chest pain. The nurse offered you the Nitroglycerin patch, which had been prescribed by your physician, but you had refused for the previous 30 days. This was discussed with the supervising provider who felt that we should administer your medication at this time. She stated that she had discussed with you and agreed that you would be allowed to continue participation in our "KOP" program with a one-for-one exchange of medications. This allows us to ensure there is no confusion over which medications you should take or their required dosages. On 7/9/06 you received the following medications: Tylenol, Analgesic Balm, Metoprolol, Hytrin, Multi vitamins, Coated Asprin, and your eye solutions. These items were mistakenly issued to you in their full 120 day quantities. On 7/17/06 these medications were taken, an inventory performed, and the appropriate 30-day doses returned to you. Once again; this action is taken for your safety and should not be viewed as punitive in nature.

I am concerned about the conduct of our staff; Ms Rodweiller is an extremely professional nurse and I have never had a complaint of her telling someone to "die and go to hell". If you have witnesses to this statement, please provide with their names so I can investigate this claim further.

Your Partner in Healthcare,


Scott S. Altman
Quality Assurance Monitor
Correctional Medical Services

CC: Warden Thomas Carroll
Medical Record

EXHIBIT E

INMATE ACQUIRED OR CONFISCATED PROPERTY2075

INMATE NAME: Bocze William SBI# 06256154
 HOUSING UNIT: P/WC-19 120LUM DATE 2/13/06 TIME: 2300

ITEM	DESCRIPTION/BRAND NAME	S/P**	QUANTITY	CONDITION (Poor/Fair/Good)	PROPERTY ROOM	RECEIVED
19	Nasacort AQ Nasal spray p	p	3	✓ poor		
20	Mayo Eye Wash	p	4	✓ poor	SENT TO HOSP.	
21	Benzoyl Peroxide Gel	p	4	✓ poor		
22	Efferalgan Denture cream	p	1	✓ poor		
23	Artificial Tear Solution	p	6	✓ poor		
24	Therapeutic Shampoo	p	2	✓ poor		
25	Micronazole Nitrate (cream)	p	1	✓ poor	SENT TO HOSP.	
26	Medique Iain off	p	2	✓ poor		
27	Medique Sé pas cathé throat lozenges	p	1	✓ poor		
28	Lubricant Rinse lotion	p	2			
29	Antifungal cream	p	1	✓ poor		
30	Triple Antibiotic Ointment <i>(Beair)</i>	p	1	✓ poor		
31	Hudiccurtison cream	p	1	✓ poor		
32	GLX Antitgesic salm	p	1	✓ poor		
33	Green photo book	p	1	✓ poor		
34	blue photo book	p	1	✓ poor		
35	band aids	p	10	✓ poor		
36	Maruchan Hot & Spicy vegetables	p	2	✓ poor		
37	S. Benson		4X17		<i>C/o S. Benson</i>	
Officer's Name (Print Clearly)		Shift			Officer's Signature Who Inventoryed Property	
<i>Sgt. Michael W. Bryan SP</i>		4X12			<i>Sgt. Michael W. Bryan SP</i>	
Supervisor's Name (Print Clearly)		Shift			Supervisor's Signature Reviewing Inventory	

Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

(Person Transferring Property) on 1/1, at , by , within
 (Date) (Time) (Person Receiving Property) Unit

Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

(Person Transferring Property) on 1/1, at , by , within
 (Date) (Time) (Person Receiving Property) Unit

Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

(Person Transferring Property) on 1/1, at , by , within
 (Date) (Time) (Person Receiving Property) Unit

Exhibit F

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MEDICATION ADMINISTRATION RECORD

Facility:

-50-

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Month

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MEDICATION ADMINISTRATION RECORD

DE

Month: March 2007

Facility: E 6365- DELAWARE MAXIMUM SECURITY COMP

INIT: REF: 13480788 ASSORBASE (120GM) GREA -EUCERIN- ONLY <<
 APPLY TO AFFECTED AREA TWICE DAILY FOR 120 DAYS >> FOR EXTERNAL USE

INIT: REF: 13480805 ARTIFICIAL TEARS (15ML) 1.4% OPTH -LIQUIGULIN TEARS-
 INSTIL 2 DROPS INTO AFFECTED EYE TWICE DAILY FOR 120 DAYS

INIT: REF: 13480812 ASPIRIN EC 61MG TAB -ECOTIN (ASA-EC)-
 TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> DO NOT CRUSH <<

INIT: REF: 13480814 CHLORPHENIRAMINE MAI 4MG TABS -CHLORTIMETON-
 TAKE 1 TAB BY MOUTH TWICE DAILY FOR 120 DAYS >> TAKE WITH FOOD; MAY
 CAUSE DROWSINESS <<

INIT: REF: 13480817 EYE WASH (RRG) (120ML) OPTH -DACRIOSI-
 USE IN AFFECTED EYE TWICE DAILY AS DIRECTED FOR 120 DAYS

INIT: REF: 13480819 LEVOTHYROXINE SOD 0.075MG TABS -SYNTHROID-
 TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> TAKE ON EMPTY STOMACH <<

INIT: REF: 13480821 METOPROLOL TARTRATE 25MG TABS -LOPRESSOR-
 TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> TAKE WITH FOOD; MAY CAUSE
 DROWSINESS <<

INIT: REF: 13480840 MULTIVITAMIN TABS -ONE-A-DAY VIT-
 TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >>

INIT: REF: 13480841 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480842 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480843 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480844 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480845 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480846 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480847 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480848 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480849 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480850 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480851 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480852 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480853 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480854 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

INIT: REF: 13480855 RODGERS,DALE START: 02/09/07 STOP: 06/09/07

DOB/INMATE #: 1273045 256158

LOCATION: MAIN

NAME: BOOZE, WILLIAM

DO NOT ROLL MEWS

DIAGNOSIS:

ALLERGIES:

Fish Allergy

MEDICATION ADMINISTRATION RECORD

Facility: E

6365- DELAWARE MAXIMUM SECURITY COMP

DE

Month: February 2007

UNIT	DRUG	DOSE	MODE	INTERVAL	START - STOP	LHR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Ref# 12870506				APPLY TO AFFECTED AREA TWICE DAILY FOR 120 DAYS																															

RN: RODGERS DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870503

ARTIFICIAL TEARS .15ML 1.4% OPTN ~LIQUIFLUM TEARS~

INSTILL 2 DROPS INTO AFFECTED EYE TWICE DAILY FOR 120 DAYS

RN: BOOCHEES DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870537

ASPIRIN EC 81MG TABS -SCOTRIN (ASA-EC)~

TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS

RN: BOOCHEES DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870514

CHLORPHENIRAMINE MA 4MG TABS -CHLORTRIMETON~

TAKE 1 TAB BY MOUTH TWICE DAILY FOR 120 DAYS

RN: RODGERS DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870548

EYE WASH IRIG (12ML) OPTN ~DACCIOSE~

USE TWICE DAILY FOR 120 DAYS

RN: REEDERSON DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870529

METOPROLOL TARTRATE 25MG TABS -LOPRESSOR~

TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS

RN: REEDERSON DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870533

MULTIVITAMIN TABS -ONE-A-DAY VIT-

TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS

RN: ROOBERS DALE

START: 10/23/06 STOP: 02/23/07

Ref# 12870518

NITROGLYCERIN PATCH 0.4MG/HR PT24 -TRANSDERM-NITRO~

APPLY EACH MORNING AND REMOVE EACH EVENING FOR 120 DAYS

RN: REEDERSON DALE

START: 10/23/06 STOP: 02/23/07

RN: REEDERSON DALE

START: 10/23/06 STOP: 02/23/07

RN: REEDERSON DALE

START: 10/23/06 STOP: 02/23/07

DOB/INMATE #:

12/30/45 256158

LOCATION:

6365 MAIN

NAME: BOOZE, WILLIAM

DIAGNOSIS:

ALLERGIES:

Fish Allergy

MEDICATION ADMINISTRATION RECORD

Facility:

Month:

DATE:	DRUG	DOSE	MODE	INTERVAL	START - STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05/12/07	WT 12 Patch	0.4 mg	1 hr apart		On																																
05/12/07	WT 12 am and noon	each day			Off																																

DO 2000 COP PINS

New Name and number

TODAY: START: STOP:

COP 2000 1/2 dose bottles

bottle - Please take one & return
box - unless one dose remaining

WHITE GLOVE START: STOP:

Quetiapine Tab 50 mg 29446 1/2
dose per 300 mg tabEye wash solution use B&G
x 120 days

TODAY: START: STOP:

COP 2000 1/2 dose bottles

TODAY: START: STOP:

COP 2000 1/2 dose bottles

TODAY: START: STOP:

COP 2000 1/2 dose bottles

DOB/INMATE #: 1113044

LOCATION:

NAME:

DIAGNOSES:

ALLERGIES:

Sedafay

256158

225412

B 300 mg 1/2 dose

10

NO. 72395 CMS

DISPENSED

MEDICATION ADMINISTRATION RECORD

Month: January February March

MEDICATION ADMINISTRATION RECORD

Facility: E

6366-

DELAWARE MAXIMUM SECURITY COMP

DE

Month: February 2007

INR: DRUG DOSE MODE INTERVAL START - STOP
 Rx: 12870512
 Selenium Sulfide (120ML) 2.5% SHAM - SELSUN-RX LOTION-
 APPLY AS DIRECTED (1/2 BOTTLE/MONTH) FOR 120 DAYS-->> FOR EXTERNAL
 USE ONLY <<
 INR: RODGERSDALE
 Rx: 12870530
 TERAZOSIN HCL 2MG CAPS -HTRN-
 TIME 1CAP BY MOUTH AT BEDTIME FOR 120 DAYS

INR:

START: 01/23/06

STOP: 02/26/07

DIAGNOSIS:

DOB/INMATE #:

LOCATION:

NAME:

ALLERGIES:

123045 256158

BOOZE, WILLIAM

MEDICATION ADMINISTRATION RECORD

Facility:

Page 9 of

Filed 05/14/2007

Case 1:07-cv-00082-GMS

Case# 07-cv-00062-GMS		Document 168	Filed 05/14/2007	Page 9 of 31
PHY: Radcliffe	Mode:	INTERVAL	START - STOP	HR
			START: 219	2
			STOP: 619107	4
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DIAGNOSIS:

ALLERGIES:

DOCUMENTATION CODES		STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C – Discontinue Order	R – Refused	Constance Fletcher w/w	Shawn	J			
A – Absent							
C – Court							
S – Used Stock							
O – Other							
Case 1:07-cv-00082-GMS Document 18-8 Filed 05/14/07 Page 10 of 32		<p>On date of 5-10-07 Am med pass / In mkt actually took meds. - No sign</p>					
DATE/TIME							
BP							
P							
R							
T							
Weight							
Blood Sugar							
Staff Signature:							
DATE	TIME	NOTES					
5-10-07	02:30	Inmate refused to take medications (refused by inmate)					
5-20-07	02:30	Inmate refused to take medications (refused by inmate)					
5-30-07	02:30	Inmate refused to take medications (refused by inmate)					
5-9-07	02:30	Inmate refused to take medications (refused by inmate)					
5-10-07	02:30	Inmate refused to take medications (refused by inmate)					

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C – Discontinue Order	Korlu LavaLa LPN 5-10-07					
R – Refused	Candace Hutchins LPN Blacot	Off				
A – Absent						
C – Court						
S – Used Stock						
O – Other						
Case 1:07-cv-00082-GMS	On Date of 5-10-07 Am med. pro, inmate actually took meds. - note	Filed 05/14/2007				
DATE/TIME						
BP						
P						
R						
T						
Weight						
Blood Sugar						
Staff Signature:						
DATE	TIME	NOTES				
5-8-07 0300	Inmate refuses to receive meth. Remained					
5-9-07 0300						
5-9-07 0930	Reiter, nurse going send the refusal back. Informed staff can't med pass.					
5-9-07 0930						

Facility:

MEDICATION ADMINISTRATION RECORD

Month: Sept 2007

四

April 2007

Case 1:07-cv-00082-GMS

Document 18-3

Filed 05/14/200

Page 14 of 32

DIAGNOSIS

ALLERGIES:

3-#3150 REV 11/02

MEDICATION ADMINISTRATION RECORD

Facility: E

6365-

DE

Month:

April 2007

INIT.

DRUG - DOSE - MODE - INTERVAL - START - STOP

HR

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**ABSORBASE (120GM) CREA -EUCERN~
ONLY <<
ARTIFICIAL TEARS (15ML) 1.4% OPTH ~LIQUIFILM TEARS~
INSTILL 2 DROPS INTO AFFECTED EYE TWICE DAILY FOR
20 DAYS**

PRN: RODGERS,DALE

		DOB/INMATE #:	LOCATION:	NAME:
		12/30/45	6365- MAIN	BOOZE, WILLIAM
ALLERGIES: Fish Allergy				
DIAGNOSIS:				

CORRECTIONAL MEDICAL SERVICES

RECEIPT FOR MEDICAL PRODUCT

Inmate Name: Brown, William ID # 95615Y

Institution: OCS

Medical Product: Eye Patch Date Received: 4/17/07

I verify that I have received the medical product named above. I understand I am fully responsible for the care of this item. I further understand that I may be required to pay for any repair or replacement.

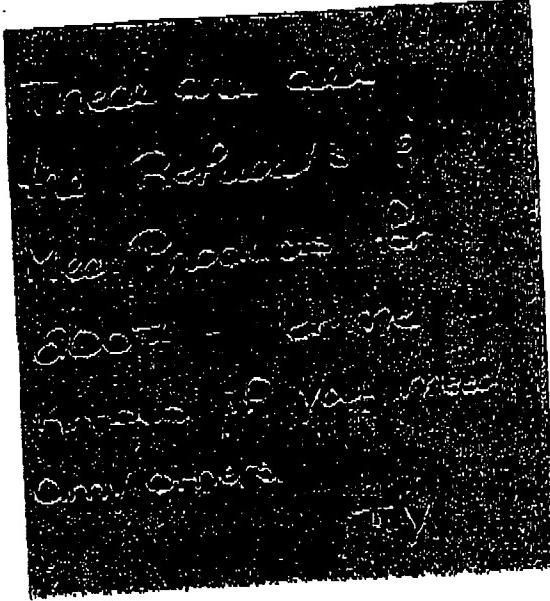


Inmate Signature



Signature of Health Care Staff Dispensing Product

CMS Reviewed 10/03 Sample
e-J-Q11-Receipt for Medical Product





CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Boone, William

Name of Inmate

1300
200

Date/Time

256158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Eye Patch

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, employees and agents from all responsibility and ill effect, which may result from this action.

refused by inmate

4/17/07

Inmate Signature

Sgt. P. K. S.

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and signed this form.

Shaneen L

Witness

Witness

Date/Time

7120 Rev 09/01/2004

No. 7239 P. 15



CORRECTIONAL MEDICAL SERVICES
RELEASE OF RESPONSIBILITY

CIN

Boose, William

3/23/07

Name of Inmate

Date/Time

256158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

No, thank you

CTM 4m

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, employees and agents from all responsibility and ill effect, which may result from this action.

Refused to Sign

3/23/07 16:00

Inmate Signature

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and signed this form.

S. Boose

3/23/07 16:00

Witness

Cal Sherrill M. L. M. H.

Witness

Date/Time

7120 Rev 09/01/2004

NO. 7239 F. 16

MAY 5 2007 12:06PM CMS



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Booze, William

02-14-07

Name of Inmate

Date/Time

256158 CH12

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Refused medication. States "I do not want to be waking up at this time of the night."

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

02-14-07

Inmate Signature

Date/Time

Witness

Witness

LJ Z Stuck

Witness

K Chavadejpa

Date/Time:

7120 Rev 09/01/2004

22CL12



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Booze William

Name of Inmate

2/27/07 AM

Date/Time

256158 12/30/45

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Lopressor 25mg , MVI , Synthroid 0.75mg , Elavil 81mg,
CIM 4mg.

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused

Inmate Signature

Date/Time

f

Witness

557. William Phillips

Witness

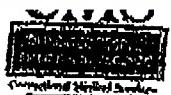
Bar

Witness

2/27/07

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MENTAL SERVICES

RELEASE OF RESPONSIBILITY

Baugh, William

2/27/05

Name of Inmate

Date/Time

256 154

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Wednesday

Ctinyag

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correct Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Infra-red to Sec.

Inmate Signature

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendation ; and has refused to sign this form.



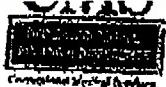
Witness

Shawnee

Witness

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Booze Williamson

Name of Inmate

2/18/07 / 1630

Date/Time

056168 / 10/30/44

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

HS meds

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

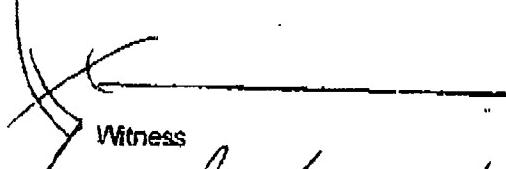
Refused

Inmate Signature

Date/Time


Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.


Witness

Released Bluetpa

Witness

2/18/07 1630

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Boone Williams

Name of Inmate

2/15/07

Date/Time

256158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

CIM 4 mg po QHS

1/2, this day po QHS

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

refused

Inmate Signature

2/15/07

Date/Time

Witness

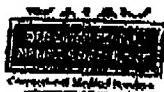
The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Jessica Sabo

Witness

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Booge William

Name of Inmate

2/22/07

Date/Time

256 158 12/20/46

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

negative drug

CTM 4mg

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused to sign

Inmate Signature

2/22/07

Date/Time

Shawna

Witness

Witness

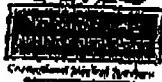
Shawna

2/22/07

Witness

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Boozer, Williams

Name of Inmate

2/28/07

Date/Time

256 158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

We treat

STM 4m

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused to sign

Inmate Signature

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Shawn Seal Jr

Witness

John Seal

Witness

Date/Time

7120 Rev 09/01/2004

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order	Koriu Lavalala LPN					
R - Refused	<i>Suzanne</i>	<i>7/16</i>	<i>VH</i>			
A - Absent						
C - Court						
S - Used Stock						
Other						
	Rebecca E. Viet RN	<i>RJ</i>		Rachel Hyler LPN		
	Shari Neal RN			Tonya Collins LPN	<i>3/16</i>	<i>AV</i>
DATE/TIME						
BP						
P						
R						
T						
Weight						
Blood Sugar						
Staff Signature:						
DATE	TIME	NOTES				

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order						
R - Refused						
A - Absent						
C - Court						
S - Used Stock						
O - Other						
Rachel Hyler LPN						
DATE/TIME						
BP						
P						
R						
T						
Weight						
Blood Sugar						
Staff Signature:						
DATE	TIME					
		NOTES				

DOCUMENTATION CODES		STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order							
R - Refused							
A - Absent							
C - Court							
S - Used Stock							
O - Other							
		Rachel Hyler LPN					
DATE/TIME							
BP							
P							
R							
T							
Weight							
Blood Sugar							
Staff Signature:							
DATE	TIME	NOTES					
2-14-07	03:15	Refused Medication - does not want to be evicted at that time of the night. No changes.					

CERTIFICATE OF SERVICE

I, hereby certify that on **May 14, 2007**, I electronically filed an **Defendant, Correctional Medical Services Response to Motion for Preliminary Injunction** with the Clerk of Court using CM/ECF which will send notification of such filing(s) to the following: **Ophelia M. Waters**. I hereby certify that on **May 14, 2007**, I have mailed by United States Postal Service, the document to the following non-registered participant:

William H. Booze, Inmate
SBI # 00256158
Delaware Correctional Center
1181 Paddock Road
Smyrna, DE 19977

/s/Megan T. Mantzavinos

Megan T. Mantzavinos, Esquire (I.D. No. 3802)
Ryan M. Ernst, Esquire (I.D. No. 4788)
Marks, O'Neill, O'Brien & Courtney, P.C.
913 North Market Street, Suite 800
Wilmington, DE 19801
(302) 658-6538
Attorneys for Defendant Correctional Medical Services